PTO/SB/17 (07-07)
Approved for use through 05/30/2010. OMB 0551-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control							control number
Effective on 12/08/		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007			Application Number		10/512,051-Conf. #8417		
			Filing Date		November 10, 2004		
			First Named Inventor		Akihiko ITO		
			Examiner Name		R. Velez		
Applicant claims small entity status See 37 CFR 1 27			rt Unit		2829		
TOTAL AMOUNT OF PAYMENT (\$) 790.00			ttomey Docket I	No.	5417-0105PUS1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
X Charge any additional fee(s) or underpayments of X Credit any overpayments							
☐ fee(s) under 37 CFR 1.16 and 1.17 ☐ ☐							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
[ [	LING FEES Small Entity	SEAR	Small Entity	EXAMI	NATION FEES Small Entity		
Application Type Fee (\$		ee (\$)	Fee (\$)	<u>Fee (\$)</u>		Fees I	Pald (\$)
Utility 300	150	500	250	200	100		·····
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity							Small Entity
Fee Description				Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims			1 1				
7 - 20 = x = Fee (S) Fee Paid (S)  HP = highest number of total claims paid for, if greater than 20						<u>a</u>	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
x =							
HP = highest number of independent claims paid for. if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U S C. 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 =/50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00							
SUBMITTED BY	<u> </u>	I m	nistration Ma				
Signature CM Change	1 hours		Registration No Altomey/Agent) 32,334 Telephone (703) 205-8026				
Name (Print/Type) Joe McKinney Mu	Kinney Muncy Date August 2, 2007						
	1 /						